

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of April 4, 2018

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Wednesday, April 4, 2018 - 9:00 AM

1. ROUTINE ITEMS

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD, MPH
- c. Record of the Public Health Council March 6, 2018 Meeting **(Vote)**

2. DETERMINATIONS OF NEED

- a. An application for a transfer of ownership. CareGroup, Inc.; Lahey Health System, Inc.; and, Seacoast Regional Health Systems, Inc. intend to integrate and create a new corporation, known for the time being as NewCo, which will serve as the sole corporate member of the new health care system. **(Vote)**
- b. Marquis Health Services, LLC application for a substantial capital expenditure at an existing skilled nursing facility. **(Vote)**

3. FINAL REGULATIONS

- a. Request to rescind 105 CMR 151.000, *General Standards of Construction for Long Term Care Facilities in Massachusetts*. **(Vote)**

4. PRESENTATIONS

- a. Overview and demonstration of the Population Health Information Tool (PHIT).

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: Wednesday, April 4, 2018

Start Time: 9:13am **Ending Time:** 11:53am

Board Member	Attended	Record of the Public Health Council March 6, 2018 Meeting (Vote)	Determination of Need: An application for a transfer of ownership. CareGroup, Inc.; Lahey Health System, Inc.; and, Seacoast Regional Health Systems, Inc (Vote)	Marquis Health Services, LLC application for a substantial capital expenditure at an existing skilled nursing facility. (Vote)	FINAL REGULATIONS Request to rescind 105 CMR 151.000, <i>General Standards of Construction for Long Term Care Facilities in Massachusetts</i> . (Vote)
Monica Bharel	Yes	Yes	Yes	Yes	Yes
Edward Bernstein	Yes	Abstained	Yes	Yes	Yes
Lisette Blondet	Yes	Yes	Yes	Yes	Yes
Derek Brindisi	Absent	Absent	Absent	Absent	Absent
Harold Cox	Absent	Absent	Absent	Absent	Absent
John Cunningham	Yes	Yes	Yes	Yes	Yes
Michele David	Absent	Absent	Absent	Absent	Absent
Meg Doherty	Yes	Abstained	Yes	Yes	Yes
Michael Kneeland	Absent	Absent	Absent	Absent	Absent
Joanna Lambert	Absent	Absent	Absent	Absent	Absent
Paul Lanzikos	Yes	Abstained	Yes	Yes	Yes
Lucilia Prates-Ramos	Yes	Yes	Yes	Yes	Yes
Secretary Francisco Ureña	Absent	Absent	Absent	Absent	Absent
Alan Woodward	Yes	Yes	Yes	Yes	Yes
Summary	8 Members Present, 6 Members Absent	5 Members approved, 3 abstained, 6 absent	8 members approved, 6 members absent	8 members approved, 6 members absent	8 members approved, 6 members absent

PROCEEDINGS

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, April 4, 2018 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; John Cunningham, PhD; Meg Doherty; Paul Lanzikos; Lucilia Prates-Ramos and Alan Woodward, MD

Absent member(s) was: Derek Brindisi, Harold Cox; Michele David, Michael Kneeland, MD; Joanna Lambert and Secretary Francisco Ureña

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:13 AM and made opening remarks before reviewing the agenda.

ROUTINE ITEMS

Updates from Commissioner Monica Bharel, M.D., MPH

Commissioner Bharel began updates by wishing everyone a happy National Public Health Week. National Public Health Week is an annual opportunity to recognize the invaluable contributions of public health in protecting and promoting the health and well-being of our families and our communities, in the Commonwealth and across the US. She informed the Council that this is a moment to celebrate the dedication to excellence, the commitment to health equity, and the hard work that she sees across the Department and in you all. She then thanked them for their commitment to Public Health.

The Commissioner then announced that the National Birth Defects Prevention Network recently honored Massachusetts with its State Leadership Award, which recognizes the outstanding contribution (or leadership) by a state birth defects registry in developing or expanding birth defects surveillance, or using it in the promotion of prevention services. In announcing the award, the Network lauded our Center for Birth Defects Research and Prevention as "one of the premier birth defect surveillance systems in the country" and recognized our quick and effective response to the Zika outbreak, in conjunction with BIDLs staff, which you all heard about a few months back. She then congratulated all our staff involved with this well-deserved award.

Commissioner Bharel announced that the Department recently launched the Journey Project, an interactive web-based resource for pregnant and parenting women with substance use disorders. The site features informational slideshows, video testimonials, and links to resources; it is designed to increase access to treatment while providing support, guidance, and encouragement to women in recovery. The Journey Project aims to engage women throughout every step of their recovery, and connects them to local services that can assist with all aspects of pregnancy, delivery, early parenting and managing their substance use disorder. The primary purpose of the Journey Project is to show

women with substance use disorder that there is hope and help, and to let them know they are not alone in both their parenting and recovery journeys.

Recently, Commissioner Bharel had the opportunity to visit Springfield and get a sense of some of the work that community is doing to combat the opioid epidemic. She met with leadership from Baystate Medical Center to learn more about their EMPOWER program, which supports mothers with addiction and their recovery. Through this program, Baystate also has dedicated clinical support for babies born with neonatal abstinence syndrome. Programs like this and the Journey Program can help ensure mothers and their babies are hearing about and getting access to the clinical care and support they need.

While in Springfield, she also visited the Gandara Center. The Commissioner heard first-hand how opioids are affecting the Latino community, and highlighted our Spanish language version of the Stop Addiction Before it Starts campaign as one way we can all try to raise awareness and begin to shrink the disproportionate effect the opioid epidemic has in the Latino community.

Also supporting our work to address the opioid epidemic, the Commissioner was pleased to join Governor Baker and Secretary Sudders last Friday at the Gavin Foundation's Devine Recovery Center in South Boston in making the announcement that Massachusetts was one of only three states selected to receive \$333,000 in federal funding to support Access to Recovery programs. Specifically, this funding from SAMHSA will be used to help people with substance use disorder that are involved in the criminal justice system and to increase the number of people trained to use the life-saving overdose reversal medication, naloxone.

The Commissioner ended her updates by sharing that Dr. Sabrina Selk recently joined the Department as the Director of the Office of Health Equity. She comes to us with expertise in studying and driving solutions for population health equity, making her a great fit for this role. Dr. Selk will oversee various grant-funded initiatives in the Office and will guide the Department's expanding use of data and precision public health to address disparities, with a focus on upstream causes including the social determinants of health.

The Commissioner then asked if the Council had any questions or comments regarding the updates.

Mr. Lanzikos asked for the long-term care facility guidance to be shared with the Council

Seeing none, the Commissioner proceeded with the docket.

1. ROUTINE ITEMS

c. Record of the Public Health Council March 6, 2018 Meeting (Vote)

Commissioner Bharel asked if any members had any changes to be included in the March 6, 2018 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Dr. Woodward made the motion and Ms. Blondet seconded it. Ms. Doherty, Mr. Lanzikos, and Dr. Bernstein abstained as they were not present at the March 6th meeting. All other present members approved.

2. DETERMINATIONS OF NEED

a. An application for a transfer of ownership. CareGroup, Inc.; Lahey Health System, Inc.; and, Seacoast Regional Health Systems, Inc. intend to integrate and create a new corporation, known for the time being as NewCo, which will serve as the sole corporate member of the new health care system. (Vote)

Commissioner Bharel then invited Nora Mann, Determination of Need Program Director, and Rebecca Rodman, Deputy General Counsel, to the table to review the DoN staff recommendation for an application for transfer of ownership through which CareGroup; Lahey Health System; and, Seacoast Regional Health Systems will create a new corporation.

Through the DoN process, several ten tax payer groups were formed, some of who agreed to speak before the Council. Additionally, there are representatives of the applicant here to answer questions.

She asked that Council members hold all questions until the conclusion of all the presentations.

Upon the conclusion of Ms. Mann's presentation the ten tax payer groups were invited to speak.

Margaret O'Malley Ten Tax Payer Group spoke first. The TTG commented on the geographic limitations of Cape Ann as related to accessing care and expressed concern around the NewCo transaction and potential impact on Addison Gilbert Hospital. She also discussed concerns regarding access and equity.

Following the Margaret O'Malley Ten Tax Payer Group, the GoTeach Ten Tax Payer Group was invited to speak. Bonny Gilbert represented the GoTeach Ten Tax Payer Group and discussed concern about the deletion of the original condition #4.

Following the GoTeach Ten Tax Payer Group, the 1199 SEIU Ten Tax Payer Group was invited to speak. MaryEllen Leveille represented the group. She discussed their concern about cost increase and consumer protection. She also discussed employee treatment.

Due to lack of quorum, a 5 minute break was held.

Ms. Blondet leaves the room at 10:21am and returns at 10:24am

Dr. Cunningham leaves the room at 10:22am and returns at 10:26am.

Paul Lanzikos returns at 10:26am.

The meeting resumed at 10:26am. The Commissioner then invited representatives of NewCo to the table, to respond to any questions members of the Council may have.

Dr. Kevin Tabb, CEO of Beth Israel Deaconess Medical Center, Dr. Harold Grant, President and CEO of Lahey Health System joined the table.

Mr. Lanzikos asked the applicant to speak towards the TTG presentations.

Dr. Tabb thanked staff and council for help in facilitating the process. He noted that the application is important to provide necessary services for Massachusetts citizens. He discussed how they received support in various communities. He mentioned that there are legitimate questions about future of health care but he believes the changes they are putting forward will have better/different outcomes. As it relates to other issues, the level of transparency and oversight in this state is unprecedented and will continue to be in place in this transaction. He stated that the conditions that have been imposed are reasonable and allows the conditions from varying state bodies to be congruent. He doesn't believe it makes sense to change conditions.

Dr. Grant informed the Council that BIDMC, CareGroup, and Lahey done many of the things that they commit to in the Application in the past five or so years: they have grown care at Addison Gilbert where admissions have gone up; there are now physician services in the building 24/7; as well as an urgent care center; introduced high risk intervention teams; an opioid treatment center, expanded the availability of surgical services.

In response to a question from Dr. Woodward about emergency services on Cape Ann, Dr. Grant replied that they never had a singular conversation about reducing any services and that their goal has been to expand services. They informed the community that if they use those services they will work to grow and expand them.

Dr. Tabb added that the intention of merging is to grow the capabilities rather than shrink them.

Dr. Woodward noted that in the proposal it articulated multiple economies of scale and coordinated care. He also discussed multiple potentials and cost savings, and the increase in cost as they become a large entity.

Dr. Tabb noted that the way they are being reimbursed has changed. He discussed the push for comprehensive quality of care. Success and the success of the patients depends on the things that Dr. Woodward previously mentioned.

Dr. Bernstein asked about the social determinants of health and their strategy.

Dr. Grant informed him that they have worked to provide resources including healthy foods.

Dr. Tabb also noted that these are important issues that health care organizations ought to take on.

Ms. Blondet asked about the community engagement process and noted that she would like assurance of how the community will be involved and noted the desire to have feedback from residents of Cape Ann.

Ms. Prates Ramos asked how representative is the patient advisory council of their community.

Dr. Grant replied that Lahey brings their patient advisory council members together annually and that leadership from each hospital attempts to bring a diverse population. He noted that they are very engaged and has members participate in much of the day to day operations.

Ms. Prates Ramos asked if they can mention some of the local nonprofit organizations that have been engaged.

Dr. Grant said he can only speak for Lahey Burlington but they made an effort to solicit input from all of those community agencies to have the benefit of their perspective.

Dr. Woodward want to be reassured if the PFAC had representatives that were truly representative of those patients of acute care and ED services. He suggested that perhaps a separate PFAC be instituted to address those patient needs.

Ms. Doherty asked what their commitment to home health care is.

Dr. Grant replied that in the Lahey system when their legacy organizations came together they provided comprehensive home health care across the entirety of their service area. He discussed their conversations in extending home health care in this new entity.

Mr. Lanzikos asked about reporting requirements on page 26 of the Staff Report. He asked if they would be willing to provide reporting on the educational standpoint in the social determinants of health and if they would be willing to incorporate it in their annual report.

Dr. Tabb replied that it is something that they intend to do.

Ms. Rodman added that this is actually a requirement of the standard conditions.

Mr. Lanzikos then asked how reflective is the structure and composition of governance of the patient population.

Dr. Tabb replied that they haven't formed that governance structure yet as it is pending approval from the Council. Creating the appropriate governance structure will only help to achieve the goals they have set forth.

Ms. Mann replied that more generally they will have to report on their ability to meet all of their commitments, one of which will be enhancing access and equity which will relate to how their governance is set up. However, the structure of governance is not something on which they have to report.

Dr. Cunningham asked about condition 4 and the performance improvement plan.

Ms. Mann explained the HPC is looking at how prices affect the Commonwealth's ability to reach the cost growth benchmark.

Ms. Rodman reminded the Council that there is an annual review and that there is an allotted time to ask questions and request follow up information.

Dr. Bernstein expressed concern about the centralization of care.

Dr. Grant informed him that they never envisioned a scenario where they did not want to maintain emergency services. He spoke about how the services have served the community well and have been advantageous for them as well as the community.

Dr. Tabb noted that their track record across both systems speaks for itself.

Dr. Bernstein also asked if they have done engagement surveys for their employees.

Both Dr. Grant and Dr. Tabb replied that they do.

Dr. Tabb also mentioned that their team is currently partaking in their annual engagement survey.

Ms. Rodman pointed out, in regards to community engagement; condition 3 requires that they inform the community about any changes etc. This is also something that they will be receiving reports on.

Dr. Bernstein inquired if the workforce is part of the community in which they serve.

Dr. Tabb informed him that they are very much so a part of the community and in a very structured way.

Mr. Lanzikos speaks about his usage of facilities and the wait times in particular in the emergency department.

Dr. Grant noted that they actively request patients to use facilities closest to home. He also noted that they have opened two more urgent care centers.

Dr. Woodward stated that their goals are laudable and hopes they can achieve them. He also discussed their commitment to transparency.

Mr. Lanzikos asked if staff can report governance board information the Council.

With no further questions, the Commissioner asked if there is a motion to accept the staff recommendation for approval of the transfer of ownership through which CareGroup; Lahey Health System; and Seacoast Regional Health Systems will create a new corporation.

Ms. Doherty made the motion, Dr. Woodward seconded it. All present members approved.

2. DETERMINATIONS OF NEED

b. Marquis Health Services, LLC application for a substantial capital expenditure at an existing skilled nursing facility. (Vote)

The Commissioner then asked Ms. Mann to present the staff recommendation for Marquis Health Services, LLC's application for a substantial capital expenditure at an existing skilled nursing facility.

There are also representatives of the applicant who were available to answer questions.

Upon the conclusion of Ms. Mann's presentation the Council was invited to ask questions.

Dr. Woodward asked for confirmation on the number of beds they currently have and the occupancy.

Ms. Mann replied that they currently have 100 beds. When the Council reviewed a project that was proposed last year, Spaulding was moving to Brighton, at that time the number of beds was reduced from 140 to 100. Therefore, when it was transferred to Marquis it was only a 100 bed license and that are running at 82% of the 100 bed occupancy.

Dr. Woodward asked if the capacity will change from 82% to hopefully a higher number.

Ms. Mann replied that the capacity won't change but the occupancy should.

Dr. Woodward asked if they will be able to maintain their current bed operation during this renovation.

Ms. Mann deferred this question to the applicant.

Norman Rokeach, LNHA Chief Executive Officer of Marquis Health Services and Shlomo Freundlich, Director of Risk Management at Marquis Health Services joined the table.

Mr. Freundlich informed the Council that they are working with a construction company that specializes in nursing home/rehabilitation. They work with the construction company and the families and their team to make sure that the patients are safe, all regulations are maintained, and that the patient's quality of life isn't disturbed. They typically take two patient rooms at a time. It's a very lengthy process but that try to make it as seamless as possible.

Dr. Cunningham asked about the increase in access for patients.

Ms. Freundlich replied that there will be a decrease in the length of stay allowing for an increase in the number of patients.

Ms. Doherty asked if this takes a different licensure to go from an LTACH to a complex medical care.

Mr. Freundlich replied that they aren't an LTACH and then discussed the fact that they will be installing piped-in oxygen. They will be catering to higher level acuity patient that other facilities cannot accommodate at the moment.

Mr. Lanzikos asked about the reporting requirements and whether the facility will have to report of length of stay and discharge disposition and if they don't can it be incorporated.

Ms. Mann replied that they can ask for that information but since the requirement is that they provide reporting on how they achieve the commitments that have been proposed, she would imagine they would provide that information.

Mr. Freundlich also informed the Council that in 9 of their other Massachusetts' facilities they are in many ACOs. Therefore they are required to report on length of stay, re-hospitalization percentage zone etc. and are more than glad to share that information with DPH.

Dr. Bernstein asked about the cultural issues and how they accommodate differences in language, diets, etc., and why they believe patients don't report their race.

Mr. Freundlich replied they have done a lot networking in the community and they have a family meeting every month. He discussed the patients commentary on the food and how they work to address specific needs.

Ms. Mann also noted that as they look at many DoNs there are always a significant amount of folks who decline to report on their race.

Dr. Benstein asked if there are any requirements to report on the construction plan.

Ms. Mann informed him that some of the standard conditions have to do with the work that must occur with their licensure team and as they work with licensure there are requirements that must be reviewed and measured on their end as well.

Ms. Prates Ramos asked what language capacity is for the patients.

Mr. Freundlich replied that it is predominantly English however, they do have staff members that speak Italian.

Mr. Lanzikos asked where the Marquis headquarters is located and if they can list the communities that they serve in Massachusetts.

Mr. Freundlich replied that they have headquarters in New Jersey and Woburn, MA. They operate 9 facilities in Massachusetts: Rockland, Holyoke, Lancaster, Needham, Methuen, Beverly, Danvers, Saugus, and the North End. They are all in compliance.

With no further questions, the Commissioner asked if there is a motion to accept the staff recommendation for approval of Marquis Health Services, LLC's application for a substantial capital expenditure at an existing skilled nursing facility.

Dr. Cunningham made the motion, Dr. Bernstein seconded it. All present members approved.

3.FINAL REGULATIONS

a. Request to rescind 105 CMR 151.000, *General Standards of Construction for Long Term Care Facilities in Massachusetts.* (Vote)

Commissioner Bharel asked that Rebecca Rodman remain at the table to present on proposed rescission of 105 CMR 151.000, *General Standards of Construction for Long Term Care Facilities in Massachusetts*, and request approval from the Council.

Following Ms. Rodman's presentation the Council was invited to ask questions.

Dr. Woodward asked if there were anything in this particular document that we were omitting and integrating.

Ms. Rodman replied that there has been an update to the language but no substantive changes.

With no further questions, the Commissioner asked if there is a motion to approve the rescission of 105 CMR 151.000

Mr. Lanzikos made the motion, Ms. Blondet seconded it. All present members approved.

PRESENTATIONS

a. Overview and demonstration of the Population Health Information Tool (PHIT).

Due to timing and the need to maintain quorum this presentation was postponed until a future date.

The Commissioner then reminded the Council that the next meeting is Wednesday, May 9, 2018 at 9AM.

She then asked for a motion to adjourn. Dr. Bernstein made the motion Ms. Blondet seconded it. All present members approved.

The meeting adjourned at 11:53AM.
